



DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF WATER POLLUTION CONTROL

**NOTICE OF INTENT (NOI)**

for Process Wastewater and Storm Water Runoff Associated with a  
**READY MIXED CONCRETE FACILITY**

This application is for: ☐ New Permit ☒ Permit Reissuance ☐ Permit Modification

(If this NOI is submitted for Permit Modification provide the existing permit tracking number: TNG110087)

Facility Name: <b>APAC Atlantic, Inc. Harrison Division / Oak Ridge Concrete</b>	County: <b>Anderson</b>
Street Address or Location: <b>250 Union Valley Road</b>	Latitude (DD.DDD): <b>36.015555</b>
	Longitude (DD.DDD): <b>-84.203333</b>
List the Total Acres of facility:	Attach a site location (topographic) map <input type="checkbox"/> Map attached

Owner or Operator: (the person or legal entity which controls facility's operation; this may or may not be the same as the facility name or the official contact name)  
**APAC Atlantic, Inc. Harrison Division**

<b>1</b>	Official Contact Person Name: (individual responsible for a facility) <b>Mr. Harold Kelley</b>	Title or Position: <b>Environmental &amp; Safety Director</b>		
	Mailing Address: <b>P.O. Box 6390 / 1301 Spring Hill Road</b>	City: <b>Knoxville</b>	State: <b>TN</b>	Zip: <b>37914</b>
	Phone: <b>( 865 ) 934-6516 cell (865) 216-7107</b>	E-mail: <b>hkelley@harrisoncc.com</b>		

<b>2</b>	Local Contact Person Name: (if appropriate, write "same as #1") <b>Doug Brown</b>	Title or Position: <b>Concrete Operation Mgr.</b>		
	Facility Address: (this may or may not be the same as street address) <b>250 Union Valley Road</b>	Facility City: <b>Oak Ridge</b>	State: <b>TN</b>	Zip: <b>37830</b>
	Phone: <b>( 865 ) 934-6547 cell (865) 257-1161</b>	E-mail: <b>dbrown@harrisoncc.com</b>		

Write in the box (to the right) or circle the number (above) to indicate where to send correspondence: **1**

**READY MIX CONCRETE FACILITY DESCRIPTION** (Indicate the type and number of discharges for which you are seeking permit coverage.)

<input type="checkbox"/> Process waste water	Number of outfalls:	Receiving stream:
<input type="checkbox"/> Storm water runoff	Number of outfalls:	Receiving stream:
<input type="checkbox"/> Mixed process and storm water	Number of outfalls: <b>2</b>	Receiving stream: <b>Clinch River</b>
Process waste water treatment description: <b>Retention Pond &amp; Ditches</b>		
Storm water treatment description:		
Does this operation recycle <input type="checkbox"/> process waste water and/or <input type="checkbox"/> storm water?		Is this a no discharge system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reclaim/recycle system description:		
Has a Storm Water Pollution Prevention Plan (SWPPP) been developed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Give location(s) of any regularly used truck washout sites (other than the plant site itself or an active job site). Note that the property must be privately owned and the written permission from the owner to wash out on his property must be obtained. Attach additional pages if necessary.		

**CERTIFICATION AND SIGNATURE**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Harold Kelley	Environmental Safety & Health Mgr.	<i>Harold Kelley</i>	7-12-11
Printed Name	Official Title	Signature	Date

**STATE USE ONLY**

Received Date	High Quality Water	T & E Aquatic Fauna	Tracking No. <b>TNG110087</b>	EFO
<b>RECEIVED</b>	Impaired Receiving Stream		NOC Date	Reviewer

Submit the original completed and signed form to:

**RMCP NOI Processing**  
**Division of Water Pollution Control**  
**6<sup>th</sup> Floor L&C Annex, 401 Church Street**  
**Nashville, TN 37243-1534**